

Attention Provider: White Original Must Be Returned to _____ By (Date): _____
Issuing County: _____ Address: _____ Voucher No.: _____

CHILD CARE VOUCHER

TO Parent/RA: _____ Child's Name: _____
Address: _____ Date of Birth: _____ Gender: ☐ male ☐ female
Race: ☐ H/L ☐ AI/AN ☐ Asian ☐ B ☐ NH/PI ☐ W
Telephone: () _____ If served from waiting list: ☐ SCC ☐ SCC-WF ☐ Smart Start
Eligible for care from: _____ through _____ Payment by: ☐ Parent ☐ Agency

Parent must pay the following fee beginning: _____			County Case No.: _____	
<u>Type of Care</u>	<u>Monthly Parent Fee</u>	<u>Daily Parent Fee</u>	DCS ID No: _____	
Full Time	\$ _____	\$ _____	EIS ID No: _____	
¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____	
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start	
			Child enrolled in More at Four: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No. of responsible adults: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Transportation payments begin on _____ and end on _____				
Days/Hours Child Care is Needed			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.	
Circle days and enter times.			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.	
			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.	
Dates School Age Care is Needed:			From _____ Through _____ Before/After School/Summer	
1) Enter dates: month/day/year			From _____ Through _____ Before/After School/Summer	
2) Circle type of care needed.			From _____ Through _____ Before/After School/Summer	
Comments: _____				

☐ Check (✓) if attachments are included for additional children.

I understand that I have the right to select the provider to provide child care for my children. I understand that I will have to pay the provider if I receive child care after I become ineligible for assistance or if I receive any child care which is not approved by this voucher.

Release of Information: I certify that I have read or had read to me the **Release of Information** statement on the back of this form.

Parent/Responsible Adult (RA) Signature: _____ Date: _____

Worker's Name: _____ Telephone: () _____

Representative of Local Purchasing Agency's Signature: _____ Date: _____

NOTICE TO CHILD CARE PROVIDER: You must be operating legally in order to accept child care payment with public funds. If you have never accepted subsidized children before then please call the number given above before taking children into your care so that you may find out how much you can be paid to provide this child care service.

TO BE COMPLETED BY THE CHILD CARE PROVIDER: I agree to provide child care for the child/ren named on this voucher and on the continuation page, if attached. The child/ren entered child care on: _____.

I understand that I must be enrolled as an eligible child care provider before I can receive my first subsidy payment for the child/ren. I also understand that the local purchasing agency must approve the child/ren for subsidized child care before I can receive subsidy payments. *My subsidy payment begins the date that the child/ren actually starts receiving child care. I know that information about the child/ren and family is confidential, and that I must allow the parent access to the child/ren and the caregiver whenever the child/ren is in care.

Facility Name: _____ Provider: License/Facility I.D. No.: _____

Name of Contact Person: _____ Telephone Number: () _____

Location Address _____

Signature of Provider: _____ County: _____

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Name of Contact Person: _____ Telephone Number: () _____

Location Address _____

Signature of Provider: _____ County: _____

White Original: Person's Name on top of this form Pink Copy: Provider Yellow Copy: Parent Blue Copy: Local Purchasing Agency

TO PARENT OR RESPONSIBLE ADULT (RA):

This information serves to notify you of action taken regarding the child care assistance being provided for the child listed on the front of the **Child Care Voucher** and the child(ren) listed on the continuation page of the **Child Care Voucher**. You are responsible for paying the child care provider any parent fees set by the local purchasing agency. Also, you must notify your child care provider any time that your child/ren is going to be absent from the child care facility. Please keep this form(s) in your files.

RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the reverse side gives your consent for information on this form and any future changes which affect your child care plan or the payment for your child care assistance to be given to the child care provider which you select. A copy of this form is given to the child care provider. The child care provider has signed an agreement to keep all information confidential.

HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your local purchasing agency. The hearing will be held within five **(5)** workdays of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten **(10)** additional workdays. If you are dissatisfied with the decision made at that hearing, you may have a second hearing with an impartial official from the **NC Department of Health and Human Resources**.

YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030**.

CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, **you may** keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

MUST REPORT CHANGES WITHIN 5 WORKDAYS!

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of the local purchasing agency within **5** workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change to your child care social worker on time. Be careful! If you do not know whether a change is important, ask your child care social worker.

YOUR RIGHT TO SEE YOUR RECORD

If you ask, your child care social worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

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CHILD CARE VOUCHER

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Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:							
<u>SCC</u>	<u>SCC-WORK FIRST</u>				<u>FUND SOURCE</u>		
009 With regard to income	005 Work First Family Assistance without countable income	15 Smart Start	71 Work First				
019 Without regard to income	006 Work First Family Assistance with countable income	20 Foster Care	85 EMERGY				
020 Foster Care Recipients	055 Teen Parent – Work First Family Assistance	25 SCC					
054 Teen Parent	017 Non-WF Family Assistance employed with countable income						
	018 Non-WF Family Assistance non-custodial parent with countable income						
<u>NEED CODES:</u>							
<u>Child Care:</u>	<u>Seek Employment</u>	<u>Employed</u>	<u>CPS</u>	<u>Post-Sec. Educ./Training</u>	<u>Develop. Needs</u>	<u>CWS</u>	<u>HS Educ./GED</u>
Full Time	801	811	821	831	841	851	871
¾ Time	802	812	822	832	842	852	872
½ Time	803	813	823	833	843	853	873
Transportation	809	819	829	839	849	859	879
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Full Time	401	411	421	431	441	451	471
¾ Time	402	412	422	432	442	452	472
½ Time	403	413	423	433	443	453	473
Transportation	409	419	429	439	449	459	479

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

Blue Copy: Local Purchasing Agency